



\$ 25 +

		Application Number	10/825,809
		Filing Date	April 16, 2004
		First Named Inventor	Robert A. York
		Group Art Unit Number	2817
		Examiner Name	Ham, Seungsook
Total Number of Pages in This Submission	29	Attorney Docket Number	22994-07846

ENCLOSURES <i>(check all that apply)</i>	
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) <input checked="" type="checkbox"/> Check Enclosed	<input type="checkbox"/> Issue Fee Transmittal <input type="checkbox"/> Letter to Chief Draftsperson <input checked="" type="checkbox"/> Replacement Drawing(s): [3] Sheet(s) of Figure(s) [1, 2, 4, 5 and 6]
<input checked="" type="checkbox"/> Return Receipt Postcard	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Response to Notice to File Missing Parts	<input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i>
<input type="checkbox"/> Assignment & Recordation Cover Sheet	<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Declaration	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Power of Attorney	<input checked="" type="checkbox"/> Annotated Marked-Up Drawings (3 Sheets)
<input type="checkbox"/> Application Data Sheet	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A <input type="checkbox"/> Copies of IDS Cited References	
<input type="checkbox"/> Request for Corrected Filing Receipt	
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<input checked="" type="checkbox"/> Amendment/Response: <u>26</u> Page(s) <input type="checkbox"/> After Final	
<input type="checkbox"/> Status Request	
<input type="checkbox"/> Revocation and Substitute Power of Attorney	

REMARKS:

SIGNATURE OF ATTORNEY OR AGENT		
Signature:		
Attorney/Reg. No.:	Rajiv P. Patel, Reg. No.: 39,327	Dated: April 21, 2005

CERTIFICATE OF MAILING		
I hereby certify that this correspondence, including the enclosures identified above, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. If the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service pursuant to 37 CFR 1.10.		
Signature:		
Typed or Printed Name:	Rajiv P. Patel	Dated: April 21, 2005
Express Mail Mailing Number (optional):		



**FEE TRANSMITTAL
for FY 2005**

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 60

<i>Complete if Known</i>	
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METHOD OF PAYMENT (check all that apply)

- Check Credit Card Money Order Other None
 Deposit Account:

Deposit Account Number

19-2555

Deposit Account Name

Eenwick & West LLP

The Commissioner is authorized to: (check all that apply)

- Charge fee(s) indicated below Credit any overpayments
- Charge all required fee(s) or any underpayment of fee(s) due under 37 CFR §1.16 or §1.17 during the pendency of this application
- Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity | Small Entity

SUBTOTAL (1)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims		-20** =	
Independent Claims		-3** =	
Multiple Dependent			

Extra Claims	Fee from below	Fee Paid
-20** =	X	=
-3** =	X	=

Learn Entity Framework

Large Entity		Small Entity		
Fee	Fee	Fee	Fee	<u>Fee Description</u>
Code	(\$)	Code	(\$)	
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple dependent claim, if not paid
1204	200	2204	100	**Reissue independent claims over original patent
1205	50	2205	25	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

...or number previously paid, if greater: For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1051	130	2051	65	Surcharge - late filing fee or oath or declaration
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet
1053	130	1053	130	Non-English specification
1812	2,520	1812	2,520	For filing a request for <i>ex parte</i> reexamination
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action
1251	120	2251	60	Extension for reply within first month
1252	450	2252	225	Extension for reply within second month
1253	1020	2253	510	Extension for reply within third month
1254	1,590	2254	795	Extension for reply within fourth month
1255	2,160	2255	1,080	Extension for reply within fifth month
1401	500	2401	250	Notice of Appeal
1402	500	2402	250	Filing a brief in support of an appeal
1403	1000	2403	500	Request for oral hearing
1451	1,510	1451	1,510	Petition to institute a public use proceeding
1452	500	2452	250	Petition to revive - unavoidable
1453	1,500	2453	750	Petition to revive - unintentional
1501	1,400	2501	700	Utility issue fee (or reissue)
1502	800	2502	400	Design issue fee
1503	1100	2503	550	Plant issue fee
1460	—	1460	—	Petitions to the Director
1807	50	1807	50	Processing fee for Provisional Applications
1806	180	1806	180	Submission of Information Disclosure Stmt
8021	40	8021	40	Recording each patent assignment per property (times number of properties)
1809	790	2809	395	Filing a submission after final rejection (37 CFR 1.129(a))
1810	790	2810	395	For each additional invention to be examined (37 CFR 1.129(b))
1801	790	2801	395	Request for Continued Examination (RCE)
1802	900	1802	900	Request for expedited examination of a design application

SUBTOTAL (3) (\$ 60

SUBMITTED BY			Complete (if applicable)	
Name (Print/Type)	Rajiv P. Patel	Registration No. (Attorney/Agent)	39,327	Telephone (650) 335-7607
Signature			Date	21 April 2005